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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

I hereby certify that this transmittal of the below described document is being deposited with the United States Postal Service in an envelope bearing First-Class Postage and addressed to the Commissioner for Patents P.O. Box 1450, Alexandria, VA 22313-1450, on the below date of deposit.

Date of Deposit:	01/06/04	Name of Person Making the Deposit:	KATHERINE RINALDI	Signature of the Person Making the Deposit:	<i>Katherine Rinaldi</i>
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In re Application of: H. Peter Anvin, Alexander Klaiber, Guillermo J. Rozas and Parag Gupta

Serial No.: 09/930,625

Examiner: Namazi, Mehdi

Filed: 08/15/01

Art Unit: 2188

For: METHOD AND APPARATUS FOR IMPROVING SEGMENTED MEMORY ADDRESSING

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL**RECEIVED**

JAN 16 2004

Technology Center 2100

1. Transmitted herewith is an amendment for this application

☒ Transmitted herewith is a response to an office action for the above identified patent application.
(6 sheets)
Transmitted herewith are sheets of substitute formal drawings.
Other:

2. Applicant is other than a small entity

Extension of Term

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(a) ☒ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

<u>Extension</u>	<u>Fee</u>
<input type="checkbox"/> one month	\$110.00
<input type="checkbox"/> two months	\$420.00
<input checked="" type="checkbox"/> three months	\$950.00
<input type="checkbox"/> four months	\$1,480.00

Fee \$ 950.00

If an additional extension of time is required, please consider this a petition therefor.

(b) ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

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950.00 OP

Fee Calculation

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(for other than a small entity)					
Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid For	Present Extra Claims	Fee Rate	Total
Total Claims	4	- 20 =	0	x \$18.00	\$0.00
Independent Claims	2	- 3 =	0	x \$86.00	\$0.00
Multiple Dependent Claim Fee (one or more, first added by this amendment)				\$290.00	\$0.00
Total Fees					\$0.00

PAYMENT OF FEES

5. The full fee due in connection with this communication is provided as follows:
- ☒ The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No.: 23-0085.
A duplicate copy of this authorization is enclosed.
- ☒ A check in the amount of \$950.00
- ☐ Charge any fees required or credit any overpayments associated with this filing to Deposit Account No.: 23-0085.

Please direct all correspondence concerning the above-identified application to the following address:

WAGNER, MURABITO & HAO LLP
Two North Market Street, Third Floor
San Jose, California 95113
(408) 938-9060

Respectfully submitted,

Date: 1/6/04

By: Ronald M. Pomerence
Ronald M. Pomerence
Reg. No. 43,009